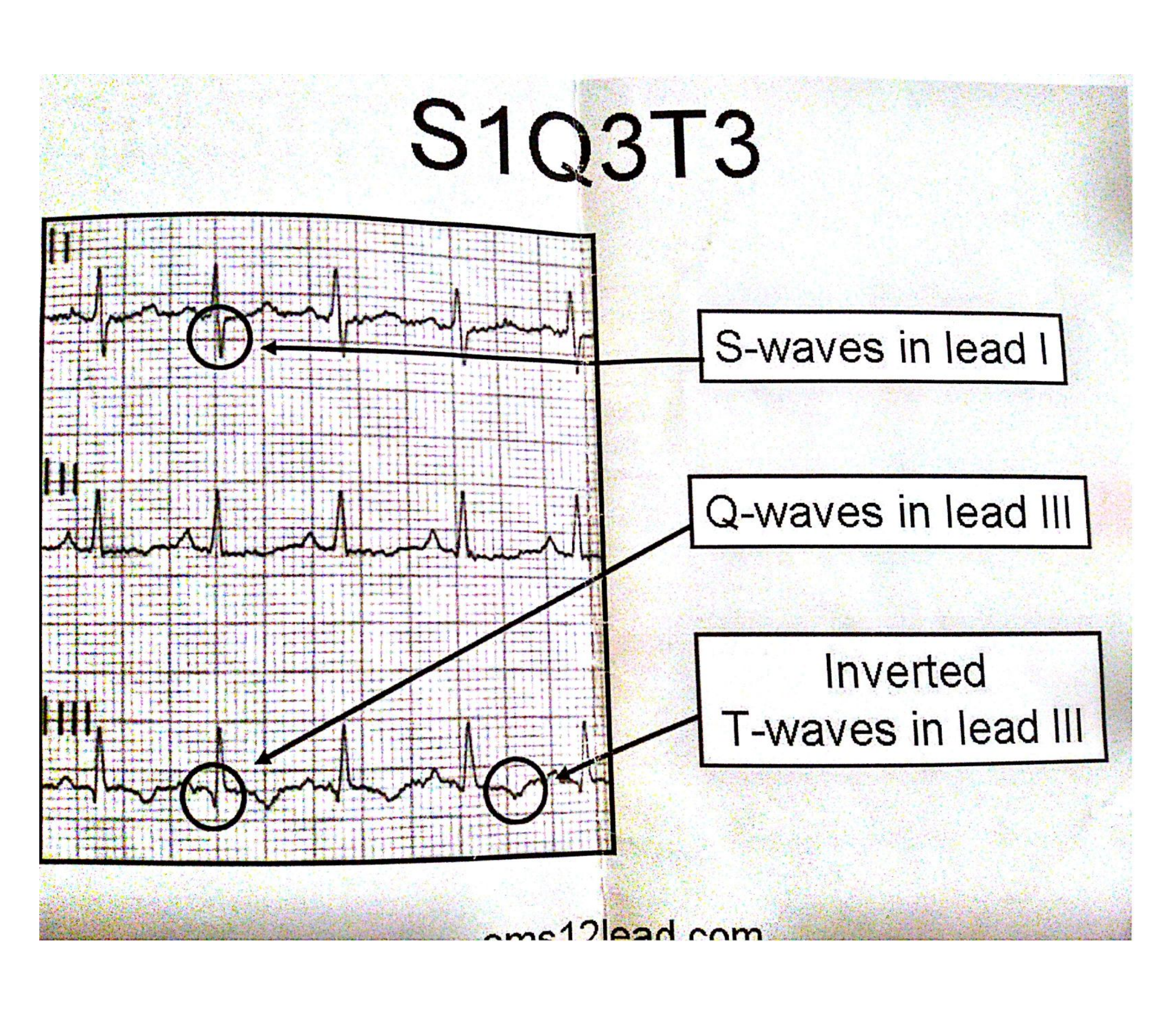
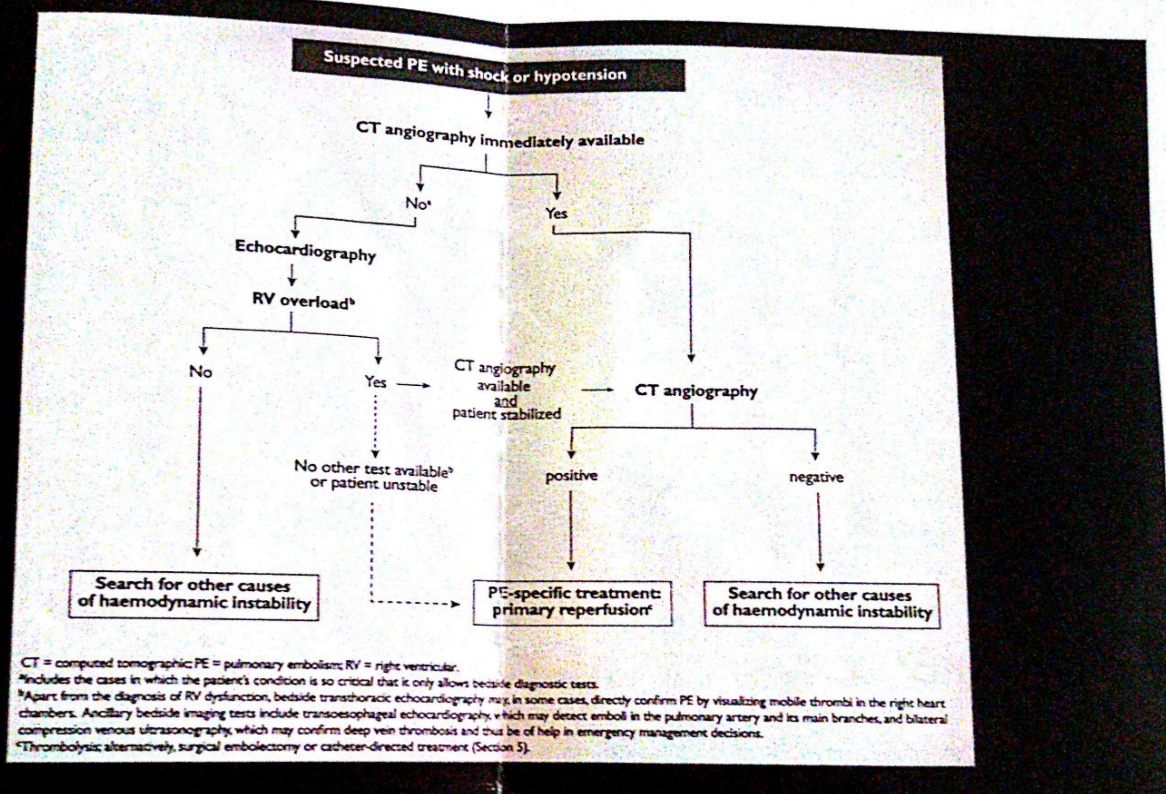
التصنيف	الوصف/الانذار	الضياع الحسي	الضعف العضلي	العلامات الدوبلرية	
				شريانية	وريدية
I- طرف قابل للحياة	لايوجد تهديد فوري	لايوجد	لا يوجد	مسموع	مسموع
II- طرف مهدد a.تهديد هامشي	قابل للحياة إن عولج باهتمام	طفيف / أصابع القدمين أو أكثر/	لا يوجد	غير مسموع	مسموع
b.تهديد فوري	قابل للحياة عند إعادة التروية فوراً	أكثر من أصابع القدمين ، مترافق مع الم أثناء الراحة	خفيف- متوسط	غير مسموع	مسموع
III- أذية غير قابلة للتراجع	خسارة نسج كبيرة أو أذية عصبية دائمة لا يمكن تجنبها	نقص حس عميق	شلل عضلي عميق (صمل)	غير مسموع	غير مسموع

جدول/1/ التصنيف السريري لنقص التروية الحاد في الأطراف


S1Q3T3
I
II
III
S-waves in lead I
Q-waves in lead III
Inverted
T-waves in lead III
ems12lead.com

Corona phlebectatica

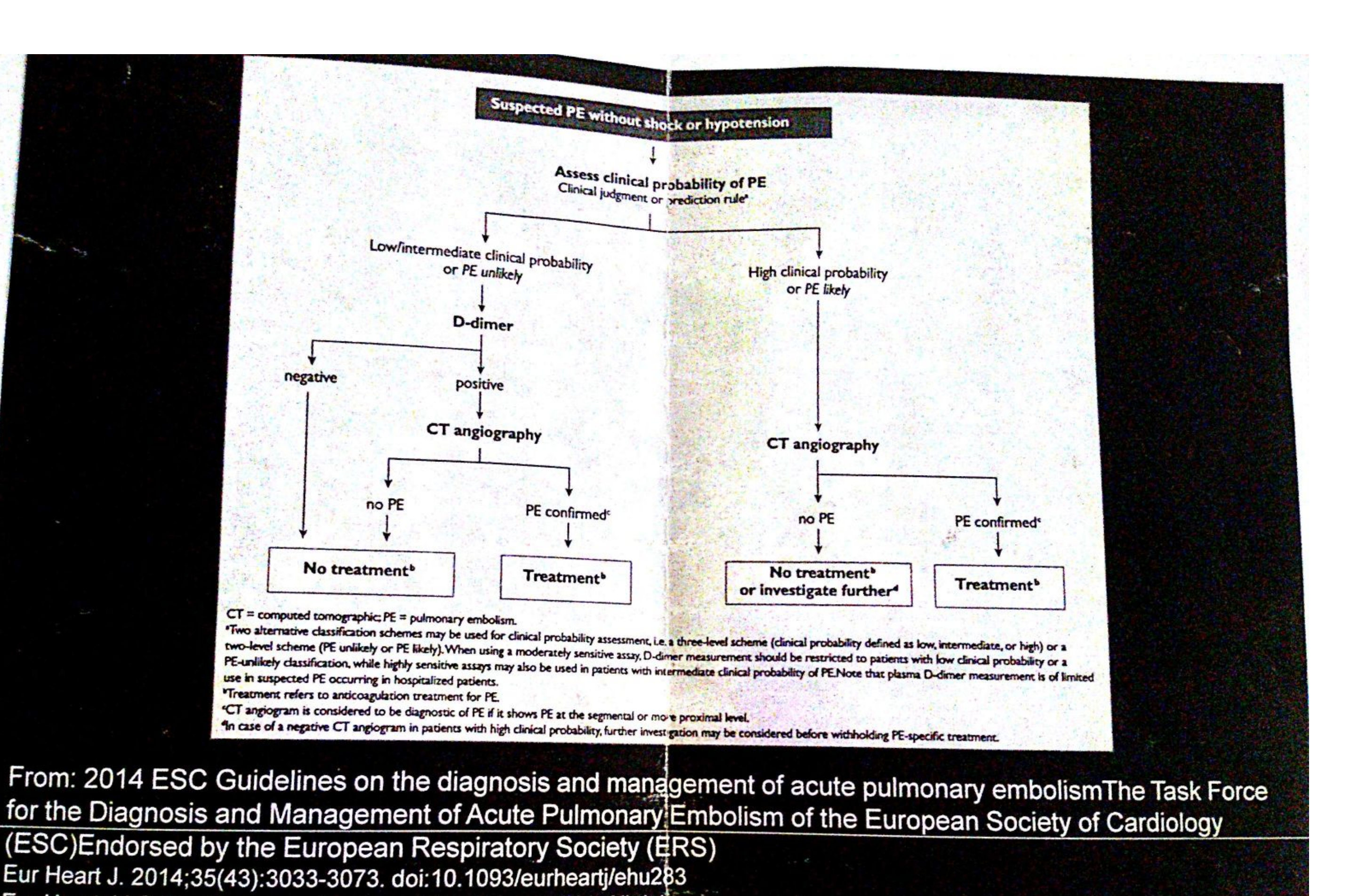
abnormally dilated veins around the ankle. It is characterised by the presence of abnormally visible cutaneous blood vessels at the ankle with a) venous cups b) blue and red telangiectases, and c) capillary stasis spots.



CT = computed tomographic; PE = pulmonary embolism; RV = right ventricular.
[a]Includes the cases in which the patient's condition is so critical that it only allows bedside diagnostic tests.
[b]Apart from the diagnosis of RV dysfunction, bedside transthoracic echocardiography may, in some cases, directly confirm PE by visualizing mobile thrombi in the right heart chambers. Ancillary bedside imaging tests include transoesophageal echocardiography, which may detect emboli in the pulmonary artery and its main branches, and bilateral compression venous ultrasonography, which may confirm deep vein thrombosis and thus be of help in emergency management decisions.
[c]Thrombolysis; alternatively, surgical embolectomy or catheter-directed treatment (Section 5).

From: 2014 ESC Guidelines on the diagnosis and management of acute pulmonary embolismThe Task Force for the Diagnosis and Management of Acute Pulmonary Embolism of the European Society of Cardiology (ESC)Endorsed by the European Respiratory Society (ERS)

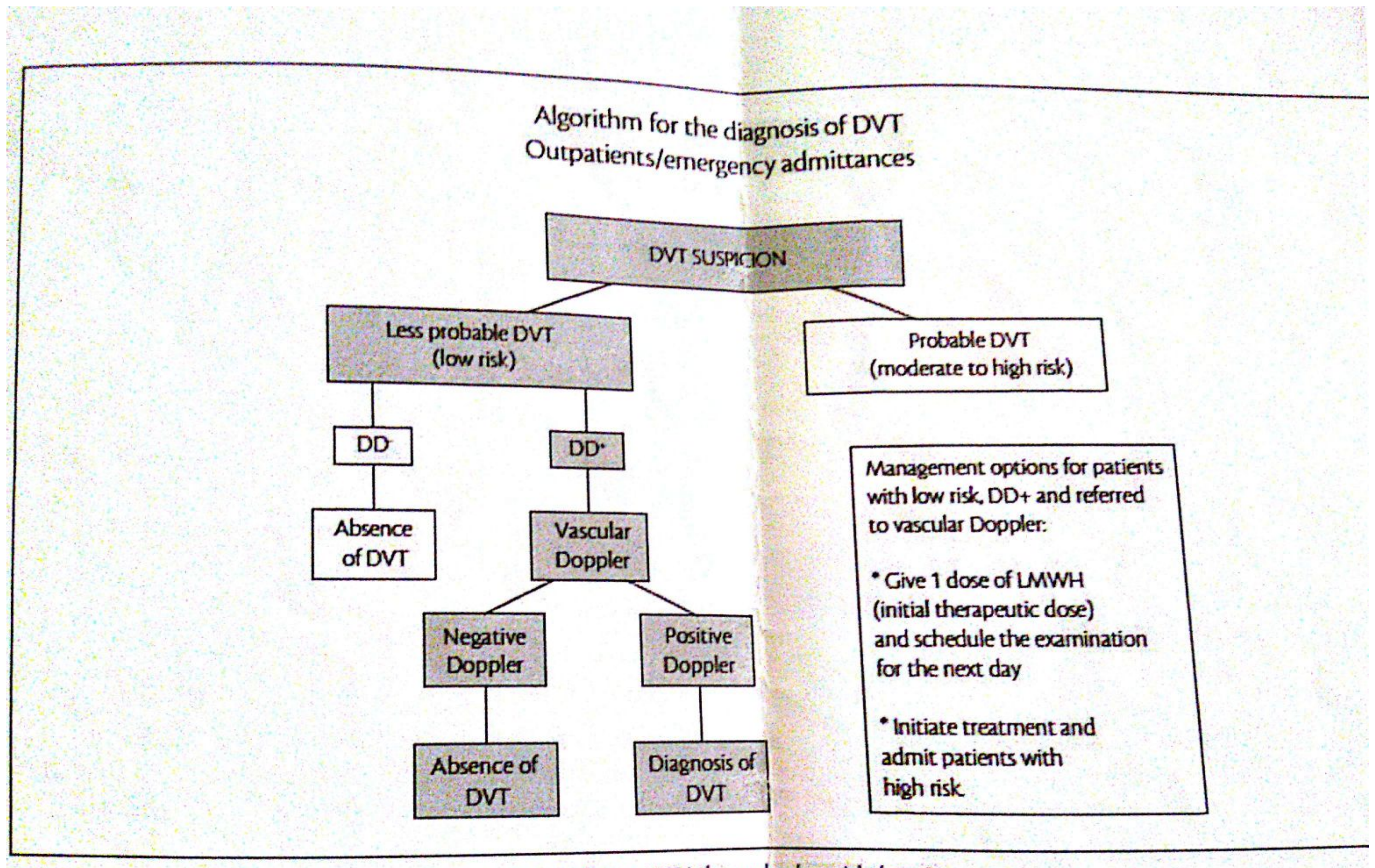
Eur Heart J. 2014;35(43):3033-3073. doi:10.1093/eurheartj/ehu283



CT = computed tomographic; PE = pulmonary embolism.
[a]Two alternative classification schemes may be used for clinical probability assessment, i.e. a three-level scheme (clinical probability defined as low, intermediate, or high) or a two-level scheme (PE unlikely or PE likely). When using a moderately sensitive assay, D-dimer measurement should be restricted to patients with low clinical probability or a PE-unlikely classification, while highly sensitive assays may also be used in patients with intermediate clinical probability of PE. Note that plasma D-dimer measurement is of limited use in suspected PE occurring in hospitalized patients.
[b]Treatment refers to anticoagulation treatment for PE.
[c]CT angiogram is considered to be diagnostic of PE if it shows PE at the segmental or more proximal level.
[d]In case of a negative CT angiogram in patients with high clinical probability, further investigation may be considered before withholding PE-specific treatment.

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DVT - deep vein thrombosis; DD - negative D-dimer; DD+ - positive D-dimer; LMWH - low-molecular-weight heparin.

Figure 1. Algorithm for the diagnosis of deep vein thrombosis for outpatients or emergency admittances – low risk of DVT.